Division of Health Care Finance and Policy

An INET Web Application User Guide to the:

Ambulance
&
Chair Car Services

Cost Report

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Revision History

Date	Version	Description	Author
September 7, 2006	1.0	Initial version	C. Kane

I. User Guide Overview.

This is a basic guide to filing the **Ambulance and Chair Car Services Cost Report** using the Division of Health Care Finance and Policy's INET Web application.

A. Introduction.

Beginning in September 2006, the Division will deploy a web application for collecting Ambulance Cost Reports for the fiscal year 2005. The web application replaces the Excel based template that was used to report in previous years. Filers will connect to the new web application through the Division's "**INET**" web site at: **https://dhcfpinet.hcf.state.ma.us/**. The INET site currently has several active applications already in use by providers including Hospitals, Adult Day Health providers and Nursing Facilities for submitting clinical and financial data.

B. Step by Step Process.

The following describes all the necessary steps to complete and successfully submit your annual report electronically:

1.   Register your users for INET.

        You will typically need to register at least one **user** who will enter the data and submit the annual report. Once the INET registration form has been processed by the Division and the application has been deployed on INET, each registered user will receive a Login ID via email. You may wish to register more than one person who will share this responsibility (backup person etc.).

2.   Assemble all required information for your annual report submission.

        This would be the same process you would normally follow in preparation to fill out the former spreadsheet based cost report. The data collected is essentially the same, just presented in a different format.

3.	Logon to INET **https://dhcfpinet.hcf.state.ma.us/**, using the Login ID provided to you (registered INET users - Step B.1).

a. Select menu option: **Ambulance and Chair Car Services Cost Report**

b. Start a new annual report filing:

- Select "Filing" and then "New" in the left side pane

- Enter your Contact information into the form presented, and then save by clicking on the blue "Save" button.

You have now created a new filing. Click on Filing again in the left hand Navigation pane and note that you now see all the different sections of the cost report, available to select independently.
	i.e.
		New AMBCCCR	(Ambulance and Chair Car Cost Report)
		Existing AMBCCCR
		General Provider Info
		General Service Info
		Schedule F
		Etc…

- Enter data items - You may enter data into the cost report forms in sequence or select the section you want to go to directly by clicking on the link in the navigation pane.

- Save - You may **save** at any point and come back later to complete your filing.

⚠ **Caution...** **Inactivity for 20 minutes will cause the internet session to Time-Out, and you will lose any unsaved data!**

4.	As each section of the Ambulance Cost report is completed, you may click on the "Error Check" button, which will check for errors or completeness in the Schedule in which you are currently working. Again, remember to **save** as you complete sections.

5.	**Submit** the cost report.

Your report is not *filed* until you have successfully *submitted* your data.

Once you have entered all the report details, for all required Schedules, you are ready to **submit** your information to the Division. Click on the "Submit AMBCCCR" link in the left Navigation pane. A request to **submit** automatically runs a full set of *Edit* checks for the entire Ambulance Cost report. If the filing passes all the required error checks, you will be presented a screen where you

can sign the report (Certification by Provider). Once the document is ***signed***, the file is considered submitted to the Division.

Please note that submitting may require cycling through the process more than once until there are no more errors. If there are any data omissions or mathematical inconsistencies, these problems will be displayed. To submit successfully you must first correct all the problems listed, and then submit again. Do this until all errors are cleared.

Upon successful submission and signing, you will see the following message on the Web form:

Congratulations! Your report is now officially submitted, and no longer editable. A PDF version is generated and stored in the system for the record.

You are strongly urged to view and print the PDF for your own record by Clicking the link below: View submitted report's PDF version

Note: The Cost Report is now officially filed, and the data is frozen. It can no longer be modified unless enabled by DHCFP staff (See section C. Reopen Request).

6.   Generate Reports.

Each individual Schedule may be printed by going to the desired Schedule page (by means of clicking the link on left side navigation pane) and then clicking the **PDF** button in the floating toolbar.

To print the entire report at any time, select the **PDF All** link found in the left side navigation pane.

Please note that the PDF generated may also be **saved as a file** for future reference without having to go out to INET. We suggest that you save the PDF version of the AMBCCCR Cost report for your personal records after you have successfully submitted.

C. Reopen Requests:

After a web application submission has been completed and closed a user may recognize that adjustments or corrections are needed. Using the web application users must create a "**reopen request** ". Reopen requests will be reviewed and either approved or rejected by internal DHCFP staff. To help ensure timely review, an email notification is automatically generated and sent to the appropriate Division staff within 4 business hours of the request. The reopen request option is a visible link on left side navigation pane, after you have selected the submitted Cost report that you wish to reopen.

D. Frequently asked questions:

Q1.   How do I sign up for access to the Division's Web site?

A1.   Call Helpdesk (**1-800-609-7232)** to get a copy of a New *User Agreement* form.
Fill out the form and mail to:

        Joanne Moylan   617.988.3161
        2 Boylston St, 5th floor
        Boston, MA 02116
        Fax: 617.727.7662

Q2.   What if I forget my password?

A2.   Call Helpdesk (**1-800-609-7232)** They will reset your password to "!hcf123!".

Q3.   I have questions concerning the content of the AMBCCCR Cost Report, or how to report information into the Web application.

A3.   Call: **Nalina Narain   617.988.3290**

Q4.   Is **INET** available outside the normal business hours?

A4.   Yes. There are scheduled windows of routine maintenance time between 5:00AM and 8:00AM daily - that **may** affect availability. Other than that and unanticipated outages, the site is available 24hrs a day, 7 days a week.

II. User Guide Screen Shots.

Section II presents screen shots from the Division of Health Care Finance and Policy's INET Web site. It should be used along with section "I. User Guide Overview", as a basic guide to filing the **Ambulance and Chair Car Services Cost Report (AMBCCCR)** using the INET Web application.

A. Login Screens.
A.1 Login to the DHCFP-**INET** Web Site

Use this URL - **https://dhcfpinet.hcf.state.ma.us/** to access the DHCFP-INET Login page

Login

       Enter Your User ID – assigned by HCF when you register as a user.
       Enter Your Password – determined by you.

       Click on the "Continue" button.

       Forgot your password? Call the following number at HCF:
           1-800-609-7232   General Helpdesk

       Note that questions concerning the **content** of the **AMBCCCR** may be directed to:
           Nalina Narain   617.988.3290

A.2 Select the application you wish to run.

The list of applications presented to you on the Main Menu depends on which applications you specifically are registered for in INET.* To file the AMBCCCR Cost Report...

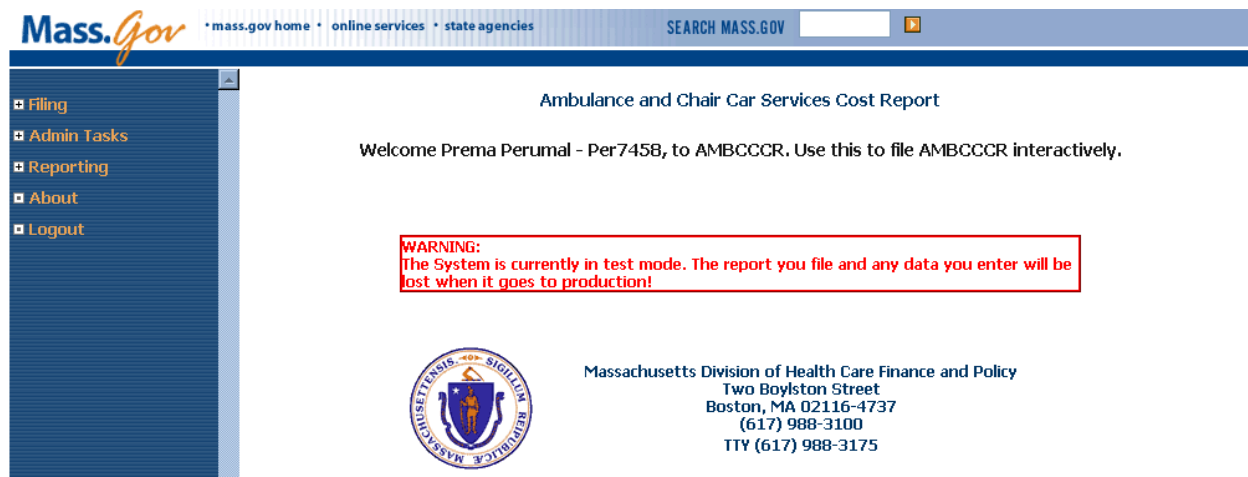Click on the "**Ambulance and Chair Car Services Cost Report**" link as shown below:

Clicking on this link brings you to the **AMBCCCR** Web application.

*Note that the menu options **you** see above are specific to you. Only those applications that you are signed up for in INET will be displayed here. For example you may see only the "**AMBCCCR**" option, or many links as displayed above.

B. Reporting data.

B.1 All reporting functions can be selected from the Main page.

This is the **AMBCCCR** Web application's main or "Home" page.

Functions are listed down the left side "**Navigation pane**". Click on the itemized links in the navigation pane to select the desired function:

Navigation pane

Clicking on **Filing** allows you to enter a New Cost Report, or Select an existing Cost Report filing.

After clicking on this link, note the expanded options "New AMBCCCR" or "Existing AMBCCCR". The first time in for a specific year you will select "*New AMBCCCR*" to create a new filing. After you have created and saved for the first time, you will subsequently select "*Existing AMBCCCR*". When you select an "*Existing AMBCCCR*", there will be additional options available in the navigation pane to select any specific schedule.

Note that some users may need to select their facility name from a drop down box. This is necessary because those users are registered filers for more than one facility.

B.2 Creating a new AMBCCCR.

Following step "3.b" in the "I. User Guide Overview section B. Step by Step Process" select **Filing** and then **New AMBCCCR** from the navigation pane options.

Clicking on "New AMBCCCR" results in the following screen:

Select the fiscal year and provider (your facility name) using the drop-down boxes provided.

In this example, the year "**2005**", and "Woods Ambulance Service" has been selected. You will only see names for your specific registered facilities.

Clicking on the [Create AMBCCCR] button (above) results in the creation of a new "2005 AMBCCCR filing" for *Woods Ambulance Service*.

The next screen presents the **General Provider Information** page of the cost report. Note that some information is already pre-filled. If the pre-filled information is incorrect you should notify the Division so that we can correct our current database – otherwise just respond Yes to the first question.

Navigating forms.

GENERAL PROVIDER INFORMATION

Provider Name	Wood's Ambulance Service
Federal Employer ID Number	
Address1	457 Main Street
Address2	
Post Office Box Number	
City	Gardner
State	MA
Zipcode	01440
Main Phone Number	

Is above information accurate:* ○ Yes ○ No

Provider Type *	
Contact's Extension or Phone*	
Fax	

This is the "floating" tool bar

a. Floating Tool bar - always presents functional options at the top left corner of the form.

Click on the floating tool bar buttons to…

Save – at any time to save your input
Home – go back to Main page
Error Check – to check this page for completion
PDF – create a PDF document and Print this page
Cancel – leave this page without saving

b. Navigation pane:
Also note that now that you have created an instance of a **new** cost report, clicking on **Filing** in the Navigation pane gives you new options. Using the Navigation pane you can go directly to any Schedule on the **AMBCCCR** cost report to enter or modify data.

Click on these links to navigate to specific sections or Schedules of the cost report.

"PDF All" allows you to print any portion of the entire document in PDF form.

B.3. Filling out the remainder of the Cost Report.

You have now created a new cost report filing. To fill out the rest of the cost report you may proceed sequentially through the schedules selecting them from the navigation pane. You can also go to any schedule in any order, but note that some schedule items are dependant on prior schedules being already filled out.

The following are screen shots of some representative Schedules.

a) General Provider Information form.

In the following screen, note that some information is pre-filled (defaulted). You will not be able to change it yourself – you can only call the Division to have them correct it on their side. After they make the change, you will see it reflected on the form. At that point you can answer yes to the question. You can not submit until this has been resolved.

Click on the "Yes" radio button when you are satisfied that the defaulted information is correct.

GENERAL PROVIDER INFORMATION

Provider Name	Aaron's
Federal Employer ID Number	
Address1	127 Harvards St.
Address2	
Post Office Box Number	
City	Brookline
State	MA
Zipcode	0233
Main Phone Number	

Is above information accurate:* ○ Yes ◉ No
In order to successfully submit your cost report, you must call the Division at (800) 609-7232 to update or correct the information.

| Provider Type * | Ambulance |

When selecting Provider Type – you only have one chance to get it right once you have saved. That's because certain parts of the cost report will be opened up or closed depending on this choice. If you make a mistake, you'll have to start a new filing from scratch.

Click on the drop down box and then select from the three type of Ambulance providers…

Provider Type *	
Contact's Extension or Phone*	
Fax	Ambulance
	Chair Car
Email *	Ambulance And Chair Car

b) General Service Information form.

Select Yes only where these line items apply to your business.

c) Schedule C: Employee Information form.

Many schedules feature **tab** controls which allow navigation within the schedule to the different sections. The tab that is highlighted is the one currently displayed – in this case **Admin**.To switch from the **Admin** to **ALS** section, click on the tab here.

Notice that shaded cells with a gray foreground are **calculated** fields. You can only type the detail information into un-shaded cells, and totals are automatically carried forward to these shaded cells.

Schedule C: Employee Information

PROVIDER	Aaron's
FYE	01/2005

FTEs, SALARIES and WAGES
Use most recently completed Fiscal Year information.

ADMIN	ALS	BLS	CHAIR CAR	OTHER SERVICES

We have now selected the **ALS** tab, and the form displays columns 5 (ALS FTE) and 6 (ALS dollars).

Line	EMPLOYEE CATEGORY	1 TOTAL FTE	2 TOTAL DOLLARS	5 ALS FTE	6 ALS DOLLARS
1	Executive Officer(s)	1	900	XXXX	XXXXXXX
2	Fiscal Officer(s)	1	800	XXXX	XXXXXXX
3	Billing/Collection	0	0	XXXX	XXXXXXX
4	Clerical/Support	0	0	XXXX	XXXXXXX
5	Communications Personnel (Call takers, dispatchers)	0	0	XXXX	XXXXXXX
6	Maintenance Staff	0	0	XXXX	XXXXXXX
7	Other Admin. Staff	0	0	XXXX	XXXXXXX
8	TOTAL ADMINISTRATIVE STAFF(Sum L1 to L7) (to SchB, L1)	2	1,700	XXXX	XXXXXXX
9	EMT – Basic	3	1,100	2	800
10	EMT – Intermediate	1	400	1	400
11	EMT – Paramedic	0	0	0	0
12	Driver-Attendant (Chair Car)	0	0	0	0
13	Operations/Field Supervisors	0	0	0	0
14	Clinical Training/Medical Director	0	0	0	0
15	TOTAL DIRECT SERVICE STAFF (Sum L9 to L14) (to SchB. L2)	4	401	3	1,200

Notice that the ALS FTE and ALS DOLLARS cells for Executive Officer and other Administrative positions are shaded and contain "X's". These cells do not apply and are to be ignored. Also as before, totals are carried forward for the ALS FTE and DOLLARS columns and rows.

To complete data entry for the entire cost report, proceed to each schedule and enter all relevant information:

Enter all required information into the **cells** on each form.
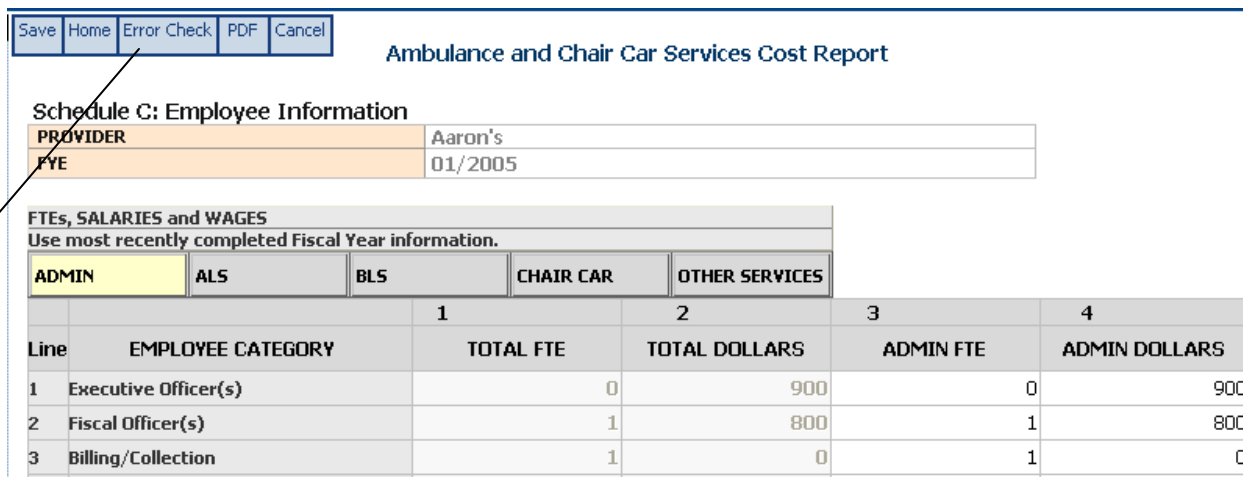
Blank cells are treated as **Zero**.

A final reminder – **SAVE** frequently. It is recommended to save at least after each Schedule is completed. Also remember that inactivity for 20 minutes will result in a session timeout that will result in loss of data entered after the last SAVE.

d) Error Checking.

When you are **finished** with a **Schedule**, you should *save*, and then run an *Error check* to make sure you have met all the required criteria.

Click on the [Save] button on the floating toolbar, and then run an Error Check against that form by clicking on the [Error Check] button – also located on the floating tool bar.

The Error Check will edit the current schedule in view - for completion and integrity.

| Save | Home | Error Check | PDF | Cancel |

Ambulance and Chair Car Services Cost Report

Schedule C: Employee Information

PROVIDER	Aaron's
FYE	01/2005

FTEs, SALARIES and WAGES
Use most recently completed Fiscal Year information.

ADMIN	ALS	BLS	CHAIR CAR	OTHER SERVICES

		1	2	3	4
Line	EMPLOYEE CATEGORY	TOTAL FTE	TOTAL DOLLARS	ADMIN FTE	ADMIN DOLLARS
1	Executive Officer(s)	0	900	0	900
2	Fiscal Officer(s)	1	800	1	800
3	Billing/Collection	1	0	1	0

Error Check will make sure data within this Schedule is complete and accurate. In this example Lines 1 and 3 contain inconsistent reporting errors. When FTE's are reported for a cost center, corresponding dollars must also be reported, and vice versa.

Clicking on Error Check in the above example results in the following message screen being displayed:

Page	Error Code	Error Message
Schedule C	F007	If Dollars > 0 then the corresponding FTE should be > 0 : Executive Officer(s)/Admin Dollars
Schedule C	F006	If FTE > 0, then the corresponding Dollars should be > 0 : Maintenance Staff/Admin FTE

Before you will be able to submit yout cost report to the Division, you will need to clear all Error Messages, by correcting the data that is triggering the error. In the above example – it may be that the Billing/Collection FTE was menat to be placed on the Executive Officer(s) line.

We suggest you run Error Check on each Schedule as you complete it, to simplify the error correction process at the end. Regardless of how you do it – the final **Submit** processing wil run Error Checks against all individual Schedules, as well as cross Schedule edits before accepting a submission.

List of Error Messages – AMCCCR Cost Report *Error Check*:

Error Code	Error Message
F001	Required field
W001	Required field
F002	Provider type exclusive field
W002	Provider type exclusive field
F003	Schedule not filed
W003	Schedule not filed
F004	Inaccurate information
W004	Inaccurate information
F005	Service type related information not provided
W005	Service type related information not provided
F006	If FTE reported > 0, then related Dollars should be > 0
W006	If FTE reported > 0, then related Dollars should be >
F007	If Dollars reported > 0 then related FTE should be > 0
W007	If Dollars reported > 0 then related FTE should be > 0
F001	Required field
W001	Required field

Error codes that start with "**F**" indicate a critical (Fail) error that must be corrected before the filing will be accepted. A "**W**" error code is a warning – that may need to be corrected, and should be if possible, but if not corrected will not prevent submission of the cost report.

Warning messages will be reviewed by audit staff at the Division after the cost report is submitted.

C. Submitting the Cost Report.

Once you have entered and SAVED all the Schedules, and have successfully cleared all errors resulting from "Error Check", you are now ready to Submit your Cost Report to the Division.

In the Submission process you will be asked to sign the document, to affirm the accuracy of your filing. You will see the name of the authorized submitter is auto-filled. The name is based on the person who is logged in to the Web application. Clicking on the "Submitter's acknowledgement" checkbox (step 2 below) constitutes signing.

Once you have successfully signed the document, the cost report will be read-only from that point on. To make the cost report editable again once it's been signed will require submitting a reopen request to HCF (See section D. Reopen request).

(1) Submit: In the navigation pane - click on "**Submit AMBCCCR**".

Click here to **Submit** your completed AMBCCCR Cost Report

| Save | Home | Error Check | PDF | Cancel |

Ambulance and Chair Car Services Cost Report

Filing
- **New AMBCCCR**
- **Existing AMBCCCR**
- **General Provider Info**
- **General Service Info**
- **Schedule F**
- **Schedule C**
- **Schedule D**
- **Schedule E**
- **Schedule A**
- **Schedule B**
- **Submit AMBCCCR**
- **PDF All**
- **About**
- **Logout**

GENERAL PROVIDER INFORMATION

Provider Name	Aaron's
Federal Employer ID Number	
Address1	127 Harvards St.
Address2	
Post Office Box Number	
City	Brookline
State	MA
Zipcode	02336
Main Phone Number	

Is above information accurate:* ⦿ Yes ○ No

Provider Type *	Ambulance
Contact's Extension or Phone*	12312
Fax	
Email *	my.username@ambulance.us
Report Contact's Name *	Joe User
EMS Region	
Licensure Level	
Fiscal Year Ending *	01/2005

The system will first rerun all the schedule edits. If any errors are found, you will see something like the following screen:

The Fatal Edit errors listed below have to be resolved before you can submit the form!

Page	Error Code	Error Message
Schedule C	F002	Provider type exclusive field should not be filled : EMT - Basic/ALS Dollars
Schedule C	F002	Provider type exclusive field should not be filled : EMT - Basic/BLS FTE
Schedule C	F002	Provider type exclusive field should not be filled : EMT - Basic/BLS Dollars
Schedule	F002	Provider type exclusive field should not be filled : EMT - Intermediate/ALS FTE

Proceed to each page (schedule) and correct any errors before trying to submit again.

(2) Sign the Cost report:

If there are no errors found – you will see displayed the following screen, where you *sign* the form by clicking on the Submitter's acknowledgement checkbox:

Click here to **sign** your completed AMBCCCR Cost Report

| Submit | Home | PDF | Cancel |

Facility Name: Aaron's   Filing Period: 01/05/2005

ACCURACY OF REPORT

CERTIFICATION BY PROVIDER

To the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. If the reports and accompanying schedules were prepared by a person other than the owner, partner, or officer of the provider, his/her declaration is based upon all information of which he/she has any knowledge.

Signature of authorized Submitter: Prema Perumal - Per7458 - 11144

Date of Submission (MO/DA/YR): 09/07/2006

By checking the box below I hereby certify that I am authorized by the provider to submit this information.

Submitter's acknowledgement: ☐

(3) Submit the Cost report:

After signing, click on the floating tool bar option to finally s**ubmit** to DHCFP

Upon successful submission of the Cost report, you will see the following screen. As suggested, you should print a "PDF" version of the submission. The cost report will be received and recorded as submitted by HCF on this same day.You may also save the PDF as a file on your local drive for future reference.

| Home | Dismiss |

Facility : Aaron's

Congratulations! Your Ambcccr is now officially submitted, and no longer editable. A PDF version is generated and stored in the system for the record.

You are strongly urged to view and print the PDF for your own record by Clicking the link below: View submitted report's PDF version

Massachusetts Division of Health Care Finance and Policy
Two Boylston Street
Boston, MA 02116-4737
(617) 988-3100
TTY (617) 988-3175

D. Reopen request.

Once a cost report has been signed it is rendered un-editable. If for any reason you wish to revise a cost report after that point you must make a request to HCF using the INET application to have the file submission "reopened". This process is described in the following sections.

Note that once a cost report is signed, a new option **Reopen Request** appears under the Admin Tasks option in the Navigation pane below:

Follow these 3 Steps...

(1) Click on **Reopen Request**

(2) You will be required to **type in a brief explanation** (in the Textbox) as to why you want to reopen the submission. (3) Then click the *SAVE* button.

The **SAVE** button *activates* the request to reopen your submission for editing. The Division will receive an email within 24hours and respond to this request as soon as possible

After you have activated a request to reopen a submission – you may view the status of the request by clicking again on the **Reopen Request** link.

Request Date	Request Reason
09/07/2006 16:03:52	Discovered on review that some costs were not reported correctly.

Pending Reopen Request: As the Division has the right to accept or reject the request to reopen, the Division will contact you to discuss this matter before taking any action.

If the request is accepted, the submission is reopened for edit and the cost report must be resigned and resubmitted after modifications are made.

PDF versions of both the original and revised submissions will be saved.